



# VIRGIN ISLANDS FIRE AND EMERGENCY MEDICAL SERVICES

## SPECIAL EVENT INSPECTION APPLICATION FORM

St. Thomas/St. John: 1005 Ross Taarneberg, St. Thomas, VI 00802 ~ Tel: (340) 774-7610  
St. Croix: No. 3019 Orange Grove, St. Croix, VI 00820 ~ Tel: (340) 773-8050 ~ Fax: (340) 773-8032



**NO SMOKING**

IT IS AGAINST THE  
LAW TO SMOKE IN  
THESE PREMISES

**Event Holder Fees – \$200.00**



**NO SMOKING**

IT IS AGAINST THE  
LAW TO SMOKE IN  
THESE PREMISES

**PLEASE PRINT CLEARLY SO THAT YOUR APPLICATION MAY BE PROCESSED PROMPTLY**

<b>EVENT NAME &amp; EVENT DATE:</b>	<b>VENDOR/APPLICANT NAME:</b>
<b>EVENT ADDRESS:</b>	<b>CONTACT PERSON &amp; NUMBER</b>

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Official Use Only**

Inspection Fee \_\_\_\_\_ Late Fee \_\_\_\_\_ Time Consum \_\_\_\_\_ Total Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

Certificate No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ Approved ☐ Disapproved

\_\_\_\_\_  
**Authorized Representative**